DUNN COUNTY HEALTH CARE CENTER - FDD

3001 US HWY 12 EAST

MENOMONI E 54751 Ownershi p: Phone: (715) 232-2661 County Operated from 1/1 To 12/31 Days of Operation: 365 Highest Level License: **FDDs** Operate in Conjunction with Hospital? Operate in Conjunction with CBRF? No Number of Beds Set Up and Staffed (12/31/01): **50** Title 18 (Medicare) Certified? No Total Licensed Bed Capacity (12/31/01): 52 Title 19 (Medicaid) Certified? Yes Number of Residents on 12/31/01: 47 Average Daily Census: 48

Services Provided to Non-Residents		Age, Sex, and Primary Diagn	osis of	Residents (12/3	1/01)	Length of Stay (12/31/01)	%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	8. 5
Supp. Home Care-Personal Care	No					1 - 4 Years	23. 4
Supp. Home Care-Household Services	No	Developmental Disabilities	100. 0	Under 65	57.4	More Than 4 Years	68 . 1
Day Services	No	Mental Illness (Org./Psy)	0.0	65 - 74	14. 9		
Respite Care	No	Mental Illness (Other)	0.0	75 - 84	19. 1	•	100. 0
Adult Day Care	No	Alcohol & Other Drug Abuse	0. 0	85 - 94	8.5	**********	******
Adult Day Health Care	No	Para-, Quadra-, Hemi plegic	0.0	95 & 0ver	0.0	Full-Time Equivaler	nt
Congregate Meals	No	Cancer	0. 0		[Nursing Staff per 100 Re	si dents
Home Delivered Meals	No	Fractures	0. 0		100. 0	(12/31/01)	
Other Meals	No	Cardi ovascul ar	0. 0	65 & 0ver	42. 6		
Transportati on	No	Cerebrovascul ar	0. 0	'		RNs	7. 0
Referral Service	No	Di abetes	0. 0	Sex	%	LPNs	6. 6
Other Services	Yes	Respiratory	0.0		j	Nursing Assistants,	
Provi de Day Programming for		Other Medical Conditions	0. 0	Male	53. 2	Aides, & Orderlies	49. 9
Mentally Ill	No			Femal e	46.8		
Provi de Day Programmi ng for			100.0		j		
Developmentally Disabled	Yes				100.0		
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Method of Reimbursement

		ledicare litle 18			edicaid itle 19			0ther		J	Pri vate Pay	:		amily Care			anaged Care			
Level of Care	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	Total Resi - dents	% Of All
Int. Skilled Care	0	0. 0	0	0	0. 0	0	0	0.0	0	0	0. 0	0	0	0. 0	0	0	0.0	0	0	0. 0
Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Intermedi ate				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Di sabl ed				47	100.0	137	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	47	100. 0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Total	0	0.0		47	100. 0		0	0.0		0	0.0		0	0.0		0	0.0		47	100. 0

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Admissions, Discharges, and		Percent Distribution	of Residents'	Condi t	i ons, Servi ces	, and Activities as of 12	/31/01
Deaths During Reporting Period							
					% Needi ng		Total
Percent Admissions from:		Activities of	%		sistance of		Number of
Private Home/No Home Health	0. 0	Daily Living (ADL)	Independent	0ne	Or Two Staff	1	Resi dents
Private Home/With Home Health	50. 0	Bathi ng	0. 0		31. 9	68. 1	47
Other Nursing Homes	0.0	Dressi ng	14. 9		34. 0	51. 1	47
Acute Care Hospitals	0.0	Transferri ng	34. 0		23. 4	42. 6	47
Psych. HospMR/DD Facilities	0.0	Toilet Use	27. 7		21. 3	51. 1	47
Rehabilitation Hospitals	0.0	Eati ng	29. 8		44. 7	25. 5	47
Other Locations	50. 0	**************************************	**********	*****	******	**********	******
Total Number of Admissions	4	Continence		%	Special Trea		%
Percent Discharges To:		Indwelling Or Externa	l Catheter	10. 6	Recei vi ng	Respi ratory Care	0.0
Private Home/No Home Health	0.0	Occ/Freq. Incontinent		44. 7	Recei vi ng	Tracheostomy Care	0.0
Private Home/With Home Health	0.0	Occ/Freq. Incontinent	of Bowel	42.6	Recei vi ng	Sucti oni ng	0. 0
Other Nursing Homes	0.0					Ostomy Care	0. 0
Acute Care Hospitals	12. 5	Mobility			Recei vi ng	Tube Feedi ng	6. 4
Psych. HospMR/DD Facilities	0.0	Physically Restrained		0. 0	Recei vi ng	Mechanically Altered Diets	93. 6
Rehabilitation Hospitals	0.0				_		
Other Locations	0.0	Skin Care			Other Reside	nt Characteristics	
Deaths	87. 5	With Pressure Sores		6. 4	Have Advan	ce Directives	93. 6
Total Number of Discharges		With Rashes		2. 1	Medi cati ons		
(Including Deaths)	8	ĺ			Recei vi ng	Psychoactive Drugs	44. 7

	This Facility		DD ilities	Faci		
	%	**************************************	Ratio	%	lties Ratio	
Occupancy Rate: Average Daily Census/Licensed Beds	92. 3	84. 6	1. 09	84. 6	1. 09	
Current Residents from In-County	38. 3	41. 3	0. 93	77. 0	0. 50	
Admissions from In-County, Still Residing	25. 0	17. 0	1. 47	20. 8	1. 20	
Admissions/Average Daily Census	8. 3	18. 6	0. 45	128. 9	0.06	
Discharges/Average Daily Census	16. 7	22. 2	0. 75	130. 0	0. 13	
Discharges To Private Residence/Average Daily Census	0. 0	9. 4	0.00	52. 8	0.00	
Residents Receiving Skilled Care	0. 0	0. 0	0.00	85. 3	0.00	
Residents Aged 65 and Older	42. 6	15. 8	2. 69	87. 5	0. 49	
Title 19 (Medicaid) Funded Residents	100. 0	99. 3	1. 01	68. 7	1.46	
Private Pay Funded Residents	0. 0	0. 5	0.00	22. 0	0.00	
Developmentally Disabled Residents	100. 0	99. 7	1.00	7. 6	13. 19	
Mentally Ill Residents	0. 0	0. 2	0.00	33. 8	0.00	
General Medical Service Residents	0. 0	0. 1	0.00	19. 4	0.00	
Impaired ADL (Mean)*	63. 8	50. 6	1. 26	49. 3	1. 30	
Psychological Problems	44. 7	46. 6	0. 96	51. 9	0. 86	
Nursing Care Required (Mean)*	13. 6	11. 0	1. 24	7. 3	1.85	